



MY HEALTH LA

Eligibility Review Requirement Documents

Recommended OEA Options for Race

Alaskan Native
Asian
Asian Indian
Black/African American
Cambodian
Chinese
Declined to State
Filipino
Guamanian or Chamorro
Japanese
Korean
Native American Indian
Other or Mixed Race
Pacific Islander/ Native Hawaiian
Samoan
Vietnamese
White

Recommended OEA Options for Gender

M = Male
F = Female
O = Other

Recommended OEA Options for Identification

CA Driver's License or ID
California DMV Identification
Valid Department of Motor Vehicles ID Card
Military ID/Draft Record
Military Dependent's ID Card
School Record w/Parent's Name
Cert of Indian Blood
American Indian Tribal Doc
Alaska Native Tribal Doc
Has Verified ID in CalWin
Employment Auth/Picture ID
Foreign Driver's License or ID
Consular ID
Student Picture ID
Temporary Resident Card
Affidavit of Identity
Law Enforcement/Corrections Verified ID
Law Enforcement/Corrections ID
Other Government Issued ID
Legally responsible relative's picture and address
Foreign Passport
SSA Verified ID

Recommended OEA Options for Residency

CA Driver's License or ID
Valid Department of Motor Vehicles ID Card
Government Issued ID
Student Picture ID
Rent Receipt issued within <u>last 60 days</u> for applicant and or spouse
Utility Bills issued within last 60 days for applicant and or spouse
Letter addressed to applicant and postmarked within <u>the last 60 days</u>
Letter from person providing you with free housing, utilities and/or food (In-Kind Income)
Check stub with address
Other documents showing an address may be accepted. Applicant may sign an affidavit of residency under certain circumstances (See DHS Policy 515.1)
The Affidavit of residency may be used for proof of Los Angeles County residency if no other proof is available. (If the patient is homeless, and using a P.O. Box, indicate the P.O. Box as their mailing address.)



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Recommended OEA Options for Disenrollment (If one of the following occurs during participant's eligibility coverage period.)

Not a Los Angeles County resident
Enrolled in public Coverage
Enrolled in Employer-Sponsored Insurance
Enrolled in Private Insurance
Participant is Deceased
Program Dissatisfaction (admin, services, medical home, etc.)
False or Misleading Information on MHLA Application
Incomplete Application
Enrolled in Full scope-Medi-Cal
Did Not Complete Renewal
Determined Eligible for Other Programs During Annual Renewal or Modification
Enrollee is Incarcerated
Income exceeds 138% of FPL
Participant's request to remain at s DHS facilities empanelment.

Recommended Allowable OEA Earned Income

Earnings from job
Cash Income
Fulltime Student Income
Other Income
Self-Employment
Self-Employment Partnership
Worker's Compensation

Covered California Eligibility

There are 3 paths to Covered CA. Eligibility for each depends on consumer income compared to the FPL.

Path 1

At or below 138% of the FPL for Medi-Cal

Path 2

Between the 139% and the 250% FPL

Eligible for Coverage CA health plan with premium assistance and improved benefits.

Between 251% -400% FPL

Eligible for a Coverage CA health plan with premium assistance, but not improved benefits.

Path 3

Over 400% of the FPL

Eligible for a Covered CA health plan.

Additional Requirements for Covered California Health Plan

Be a California resident
A U.S. citizen or national
Lawfully present in the US
Not incarcerated

Recommended Allowable OEA Unearned Income

Alimony
Cash Contribution
Child Support
Disability
Educational Grants, Scholarships, or Financial Aid
Gambling
Cash Gifts
In-Kind Income Benefits
Interest Income/ Ordinary Annuity Income
Loans
Other Gross Taxable Income
Payments From Annuities
Pensions
Railroad Retirement Benefits
Rental Income
Retirement, Survivors, Disability Insurance
Social Security Administration Payments (SSA)
Social Security Early Retirement
Social Security Retirement
Social Security Survivors Benefits
State Disability Insurance (SDI)
Tax Refund
Unemployment Compensation
Veteran's Benefits
Worker's Compensation



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Recommended MHLA Denial Reasons (If Participant is found to have one of the following at the same time of MHLA enrollment.)

Not a Los Angeles County Resident
Enrolled in public Coverage
Participant Request
Incomplete Application
Participant has DHS Primary Care Provider
Enrolled in Full scope-Medi-Cal
Determined Eligible for Other Programs During Annual Renewal or Modification
Enrollee is Incarcerated
Income exceeds 138% of FPL
Enrolled in Employer-Sponsored Insurance
Enrolled in Private Insurance
False or Misleading Information on MHLA Application
Participant is Deceased
Program Dissatisfaction (admin; services; medical home; etc.)
Duplicate Application

Medical Home Change

Enrollment occurred in last 30 days
Change of Address (Home/Work)
Change in Medical Condition
Deterioration of Relationship with Provider
Closure of Clinic site
Management Approval

Medi-Cal Denial Reasons

Client Deceased
Application Withdrawn
Moved Out of State
Loss of Contact/Unable to Locate Applicant
Failure to Cooperate
Does Not Meet California Residency Requirements
Excess Resources
No Program Linkage
Potential State Only Program Eligible did Not apply for ongoing Medi-Cal
No Deprivation
Living in a Public Non-Medical institution
Existing CalWORKS/Medi-Cal/CMSRP Recipient
Existing SSI/SSP Recipient
Receiving Medicaid in Another State
Duplicate Pending Application
IE/RR terminates accelerated enrollment (MEDS Generated)
Other
Applicant can't apply for the person on the application
Erroneously Reported Application
No Valid Data Reported (MEDS Generate)
Premium Not Paid
Income Does Not Meet Requirements
Home Address State Missing or Invalid
End Date for Employer Sponsored Insurance Missing or Invalid
Child is Eligible for Medicare Part A and B
Funding Not Available
Child age 19 or over not eligible HFP
Previous Hospital Presumptive Eligibility for same pregnancy (HPE use only)
Over age Limit for Hospital Presumptive Eligibility (HPE) use only)
Application for IAP Denial (Includes MAGI and APT C/CSR)
Not Part of the Tax Household

Medi-Cal Denial Reasons (Conti.)

Excess Income - Denial for MAGI and Qualified for APTC/CSR)
Other Minimum Essential Coverage
Incarcerated
Not a US Citizen, National or Lawfully Present

Acceptable Verification various Income sources

Copy of most recent paystub (from less than 45 days)
Statement from employer about your job (how much you are paid, how often and how many hours you work)
Last year's Federal Income Tax return (and "Schedule C" if self-employed)
Three months of current business records (if income tax return is not available or does not represent current earnings)
Income Property (if renting property)
Award Letter or check/copy of check from any of the following income sources: (select one)
<ul style="list-style-type: none"> • Unemployment insurance Benefits (UIB) • Disability Insurance Benefits (DIB) • Veterans Benefits • Social Security Benefits • Railroad pension • Retirement Benefits • Interest Income • Educational grants • Cash contributions from relatives/friends
Self Affidavit from Applicant for earned/unearned income.
Direct Deposit Statement for Unearned Income
Signed statement from person or organization providing cash contribution.
Letter from person providing you with free housing utilities and/or food (In-Kind Income)
<ul style="list-style-type: none"> • Other Unearned Income (specify)_____